



## MARYLAND Department of Health

### **Public Health Preparedness and Situational Awareness Report: #2020:3**

Reporting for the week ending 01/18/20 (MMWR Week #3)

**January 24th, 2020**

#### **CURRENT HOMELAND SECURITY THREAT LEVELS**

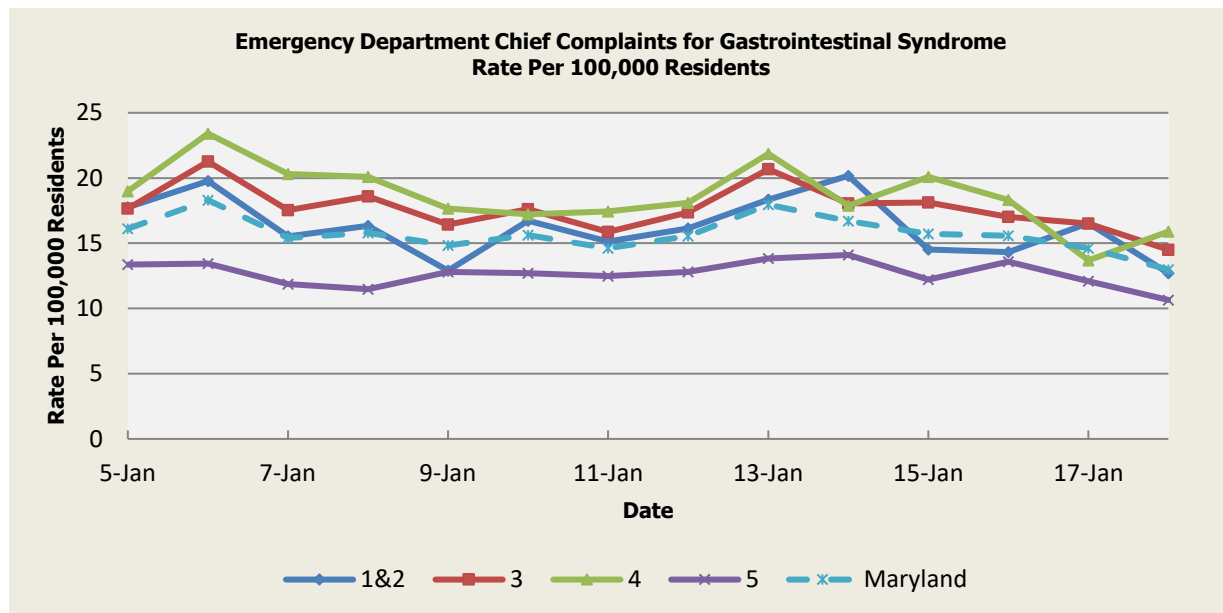
<b>National:</b>	<b>No Active Alerts</b>
<b>Maryland:</b>	<b>Normal (MEMA status)</b>

### **SYNDROMIC SURVEILLANCE REPORTS**

**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):** Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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## Gastrointestinal Syndrome



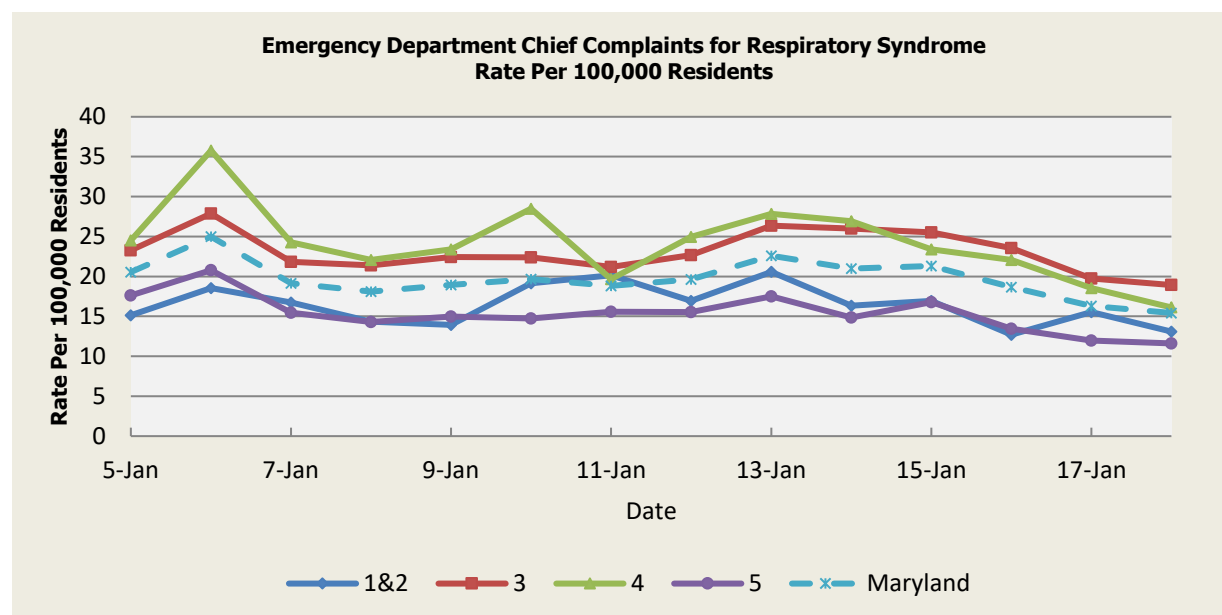
There were two (2) Gastrointestinal Syndrome outbreaks reported this week: one (1) outbreak of Gastroenteritis in an Assisted Living Facility (Region 3), one (1) outbreak of Gastroenteritis in a Hospital (Region 3).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.33	15.07	15.96	10.27	13.15
Median Rate*	13.31	14.87	15.46	10.22	13.05

\* Per 100,000 Residents

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## Respiratory Syndrome



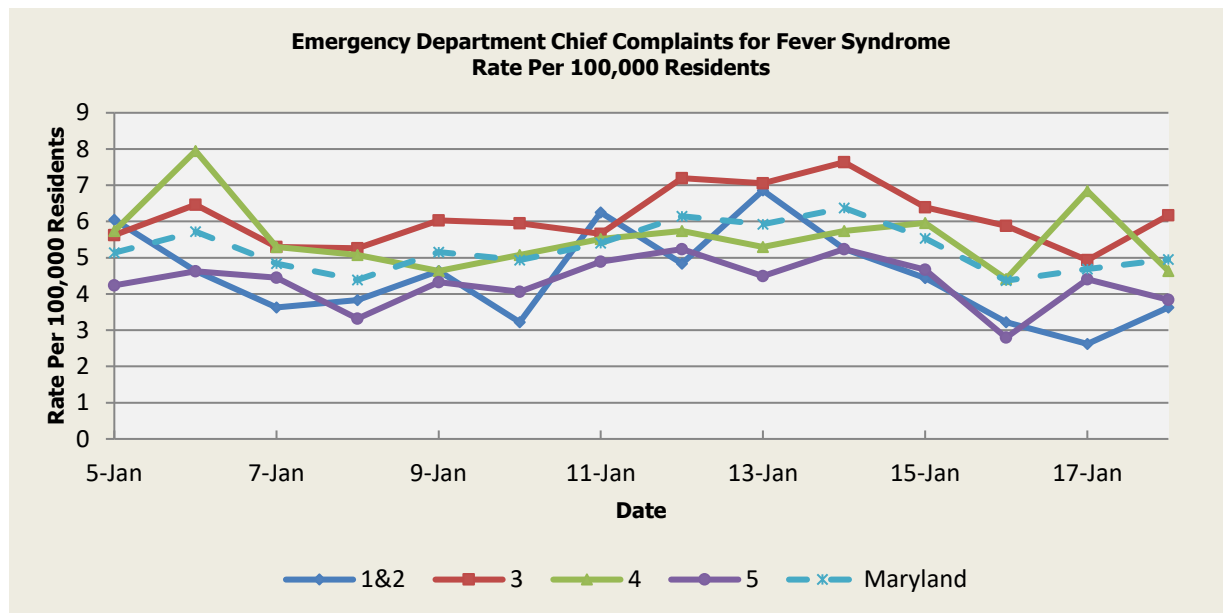
There were nineteenth (19) Respiratory Syndrome outbreaks reported this week: one (1) outbreak of Influenza in a Hospital (Region 3), four (4) outbreaks of Influenza in a Nursing Home (Region 5 and Region 3), one (1) outbreak of Influenza in a Substance Abuse Treatment Facility (Region 3), one (1) outbreak of Influenza in a Residential Treatment Center (Region 3), seven (7) outbreaks of Influenza in Schools (Region 4, Region 3 and Region 5), one (1) outbreak of Influenza in a Daycare Center (Region 3), two (2) outbreaks of ILI in Schools (Region 4 and Region 3), two (2) outbreaks of ILI in Daycare Centers (Region 3 and Region 4).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.64	14.78	15.13	10.00	12.80
Median Rate*	12.10	14.25	14.35	9.65	12.35

\* Per 100,000 Residents

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## Fever Syndrome



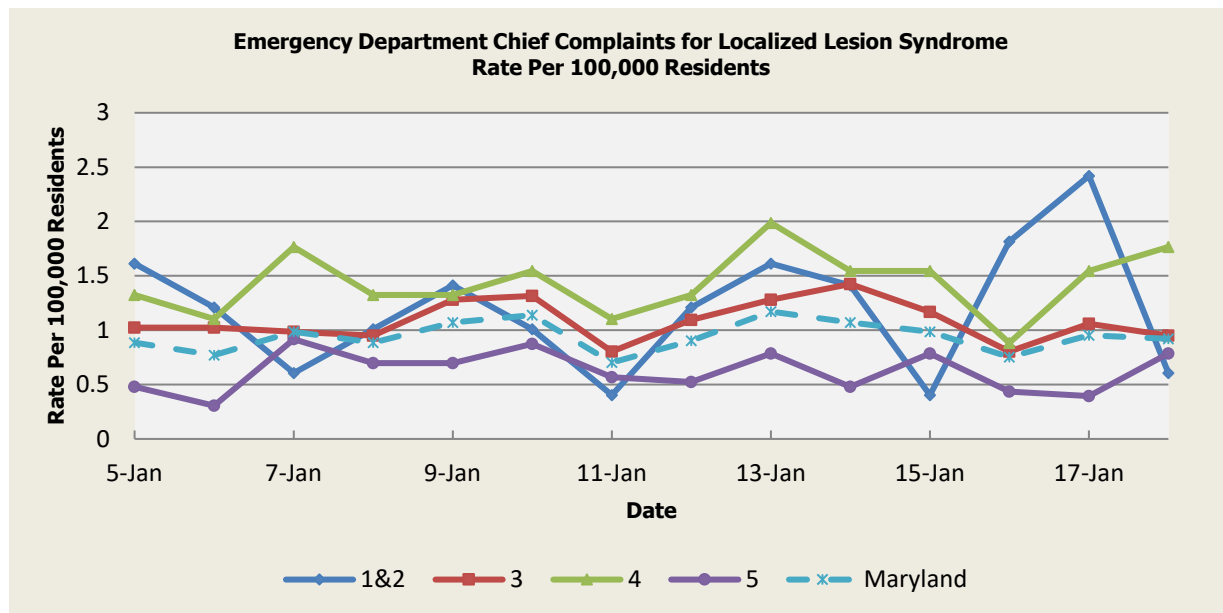
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.09	3.91	4.14	3.06	3.53
Median Rate*	3.02	3.80	3.97	2.92	3.41

*\*Per 100,000 Residents*

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## Localized Lesion Syndrome



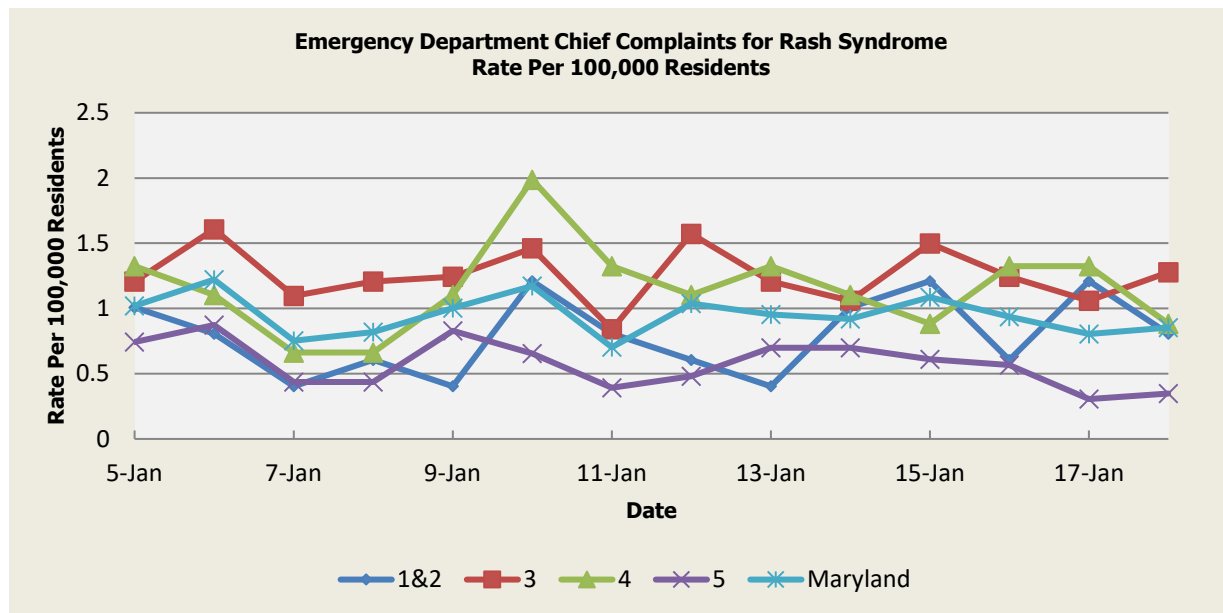
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.17	1.77	2.03	0.90	1.41
Median Rate*	1.01	1.72	1.99	0.87	1.36

\* Per 100,000 Residents

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## Rash Syndrome



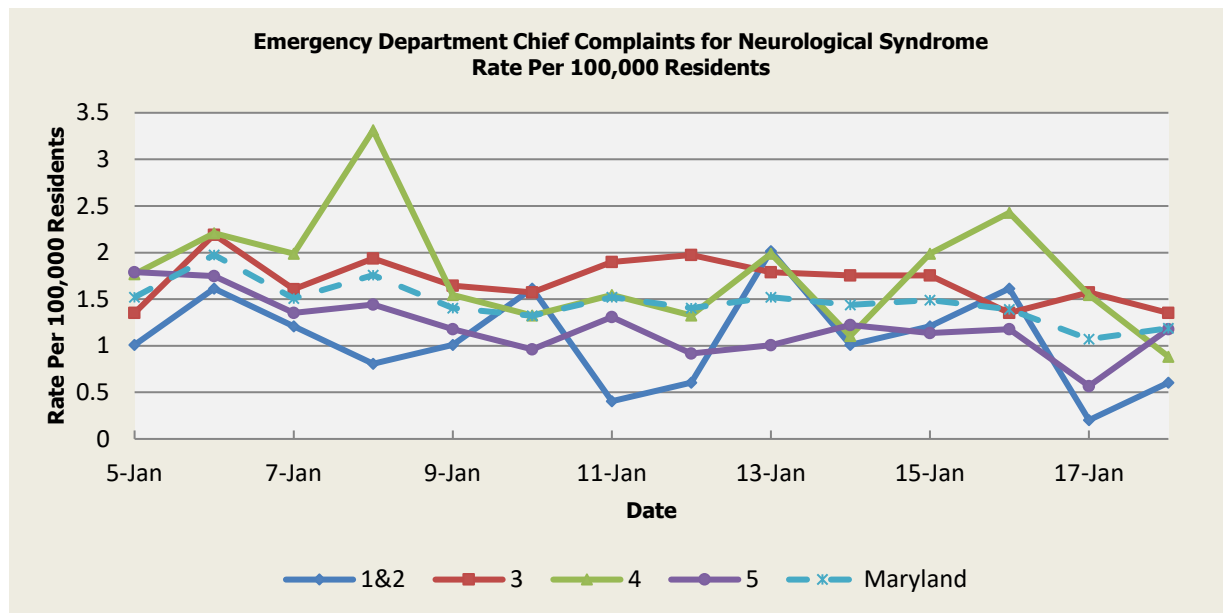
There were no Rash Syndrome outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.25	1.66	1.75	0.97	1.37
Median Rate*	1.21	1.61	1.77	0.92	1.32

\* Per 100,000 Residents

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## Neurological Syndrome



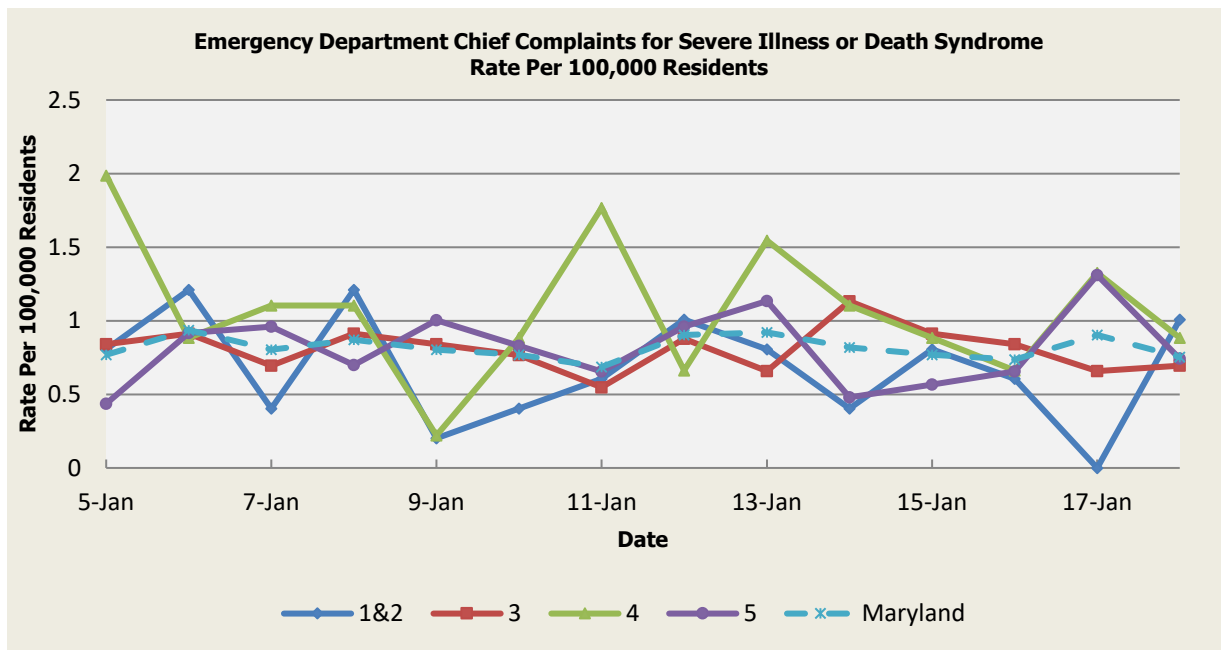
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.80	0.97	0.89	0.62	0.81
Median Rate*	0.81	0.88	0.88	0.57	0.74

\* Per 100,000 Residents

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## Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.89	0.84	0.52	0.73
Median Rate*	0.60	0.84	0.66	0.48	0.70

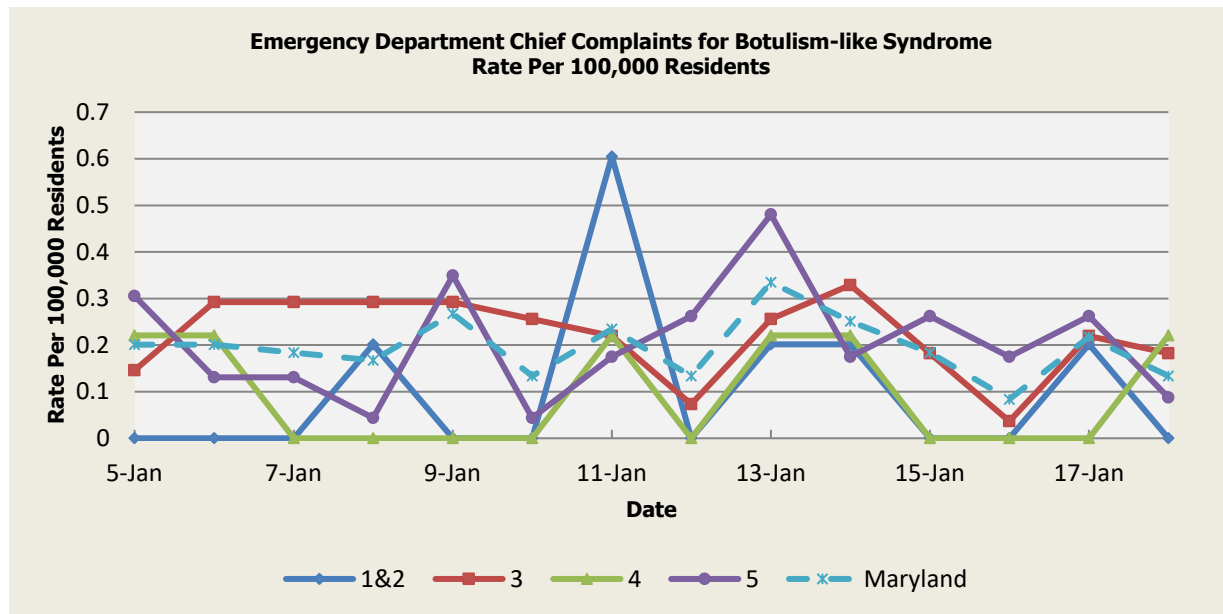
\* Per 100,000 Residents

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## **SYNDROMES RELATED TO CATEGORY A AGENTS**

### **Botulism-like Syndrome**



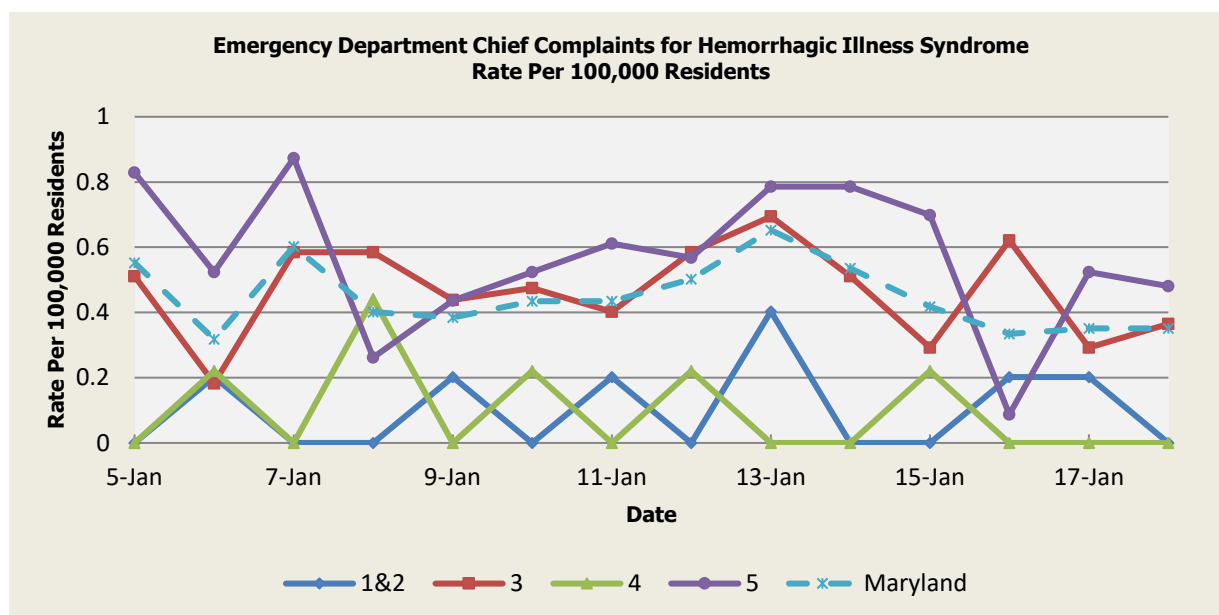
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 1/05 (Regions 4&5), 1/06 (Regions 3,4), 1/07 (Region 3), 1/08 (Regions 1&2,3), 1/09 (Regions 3,5), 1/11 (Regions 1&2, 4,5), 1/12 (Region 5), 1/13 (Regions 1&2,4,5), 1/14 (Regions 1&2,3,4,5), 1/15 (Region 5), 1/16 (Region 5), 1/17 (Regions 1&2,5), 1/18 (Region 4). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.08	0.13	0.06	0.08	0.10
Median Rate*	0.00	0.11	0.00	0.04	0.08

\* Per 100,000 Residents

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## Hemorrhagic Illness Syndrome



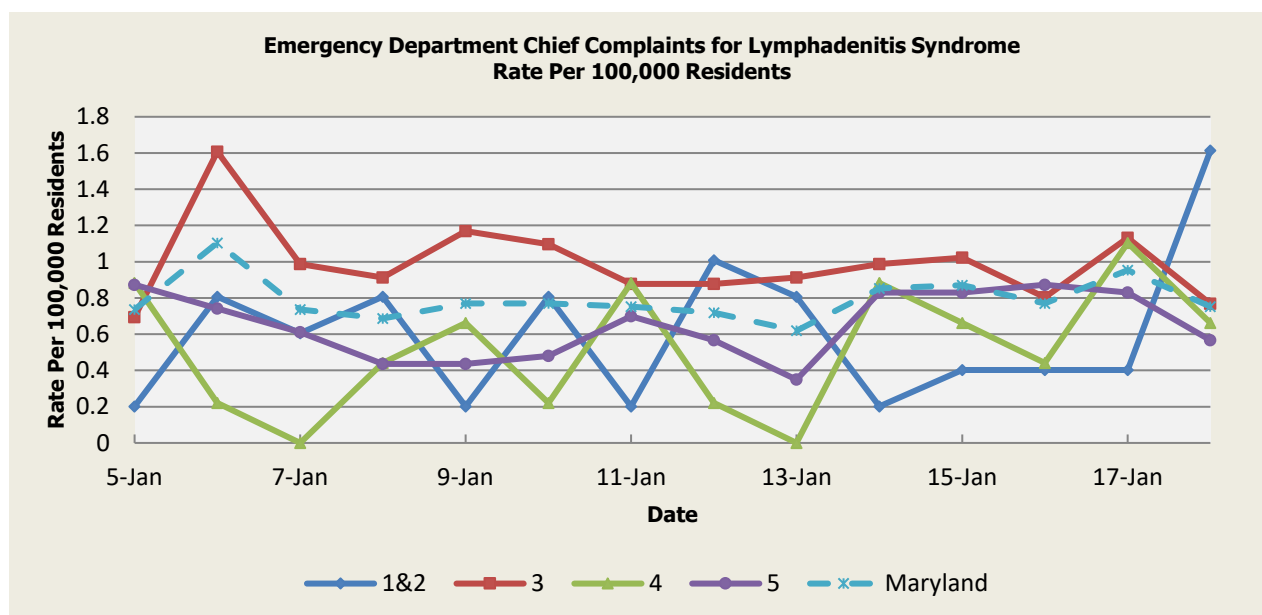
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 1/05 (Regions 3,5), 1/06 (Regions 1&2,4,5), 1/07 (Regions 3,5), 1/08 (Regions 3,4), 1/09 (Regions 1&2,3,5), 1/10 (Regions 3,4,5), 1/11 (Regions 1&2,3,5), 1/12 (Regions 3,4,5), 1/13 (Regions 1&2,3,5), 1/14 (Regions 3,5), 1/15 (Regions 4,5), 1/16 (Regions 1&2,3), 1/17 (Regions 1&2,5), 1/18 (Regions 3,5). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.04	0.16	0.04	0.14	0.13
Median Rate*	0.00	0.11	0.00	0.09	0.08

\* Per 100,000 Residents

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## Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 1/05 (Regions 4,5), 1/06 (Regions 1&2,3), 1/08 (Region 1&2), 1/10 (Region 1&2), 1/11 (Region 4), 1/12 (Region 1&2), 1/13 (Regions 1&2), 1/14 (Regions 4,5), 1/15 (Region 5), 1/16 (Region 5), 1/17 (Regions 4,5), 1/18 (Regions 1&2). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.39	0.60	0.41	0.39	0.49
Median Rate*	0.40	0.51	0.44	0.35	0.44

\* Per 100,000 Residents

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## **MARYLAND REPORTABLE DISEASE SURVEILLANCE**

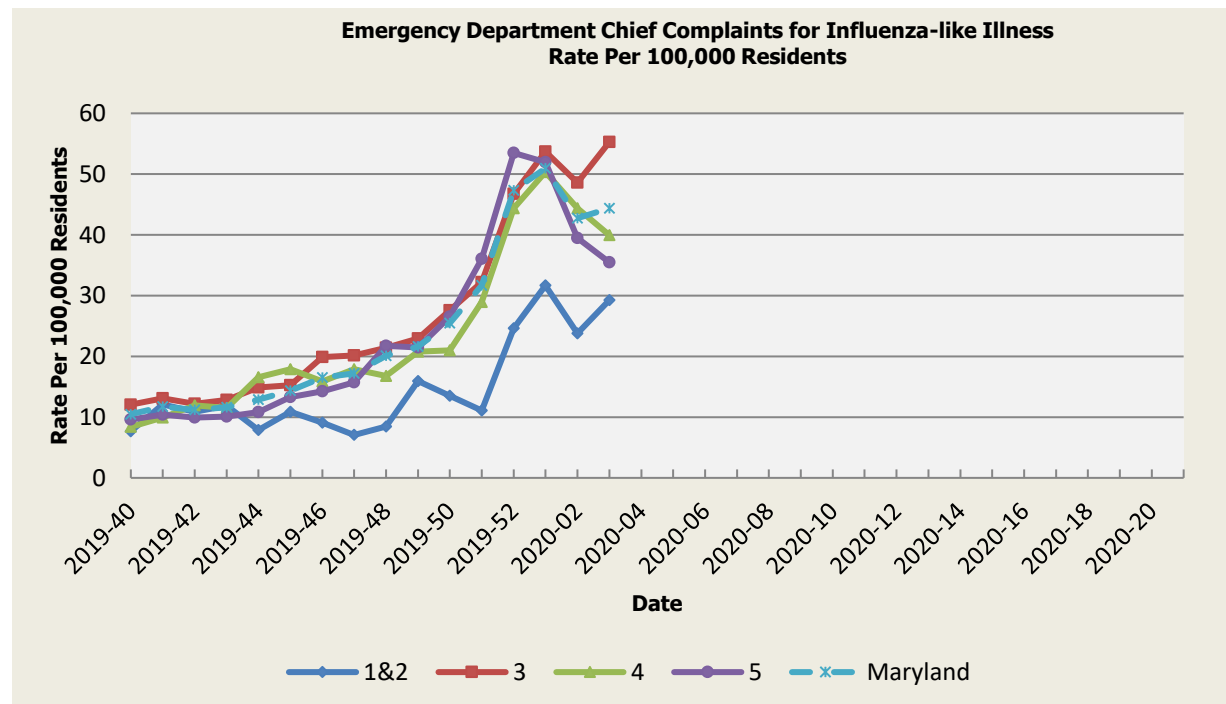
Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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## **SYNDROMIC INFLUENZA SURVEILLANCE**

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2019 through May 2020). Seasonal Influenza activity for Week 3 was: High Activity and Widespread Geographic Activity.

### **Influenza-like Illness**

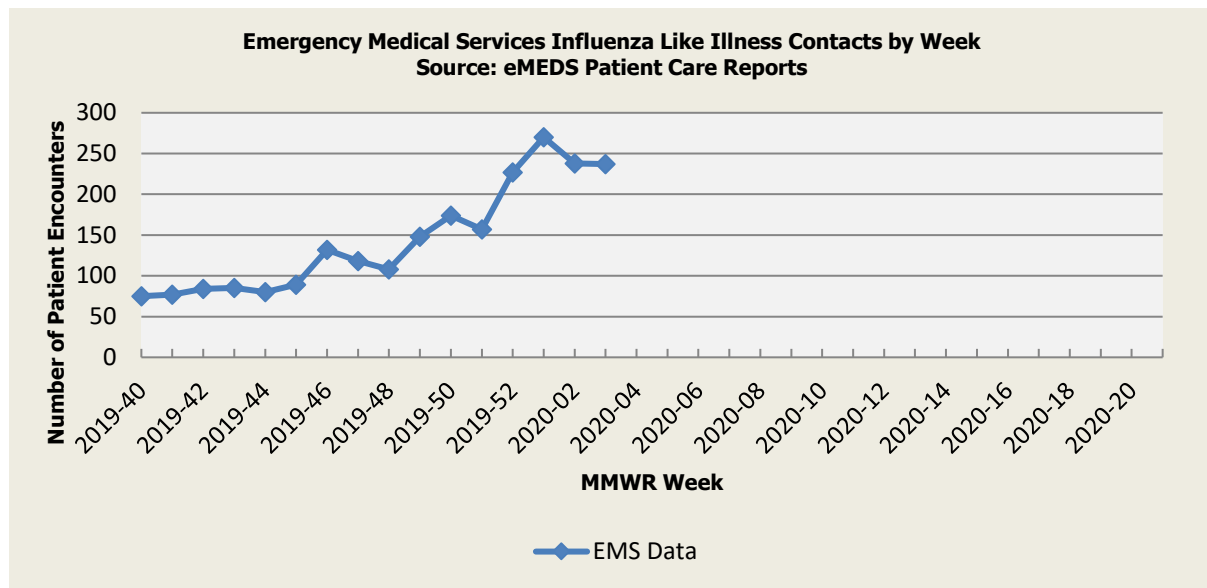


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.27	13.63	13.07	11.58	12.53
Median Rate*	7.66	10.47	9.50	8.86	9.56

\* Per 100,000 Residents

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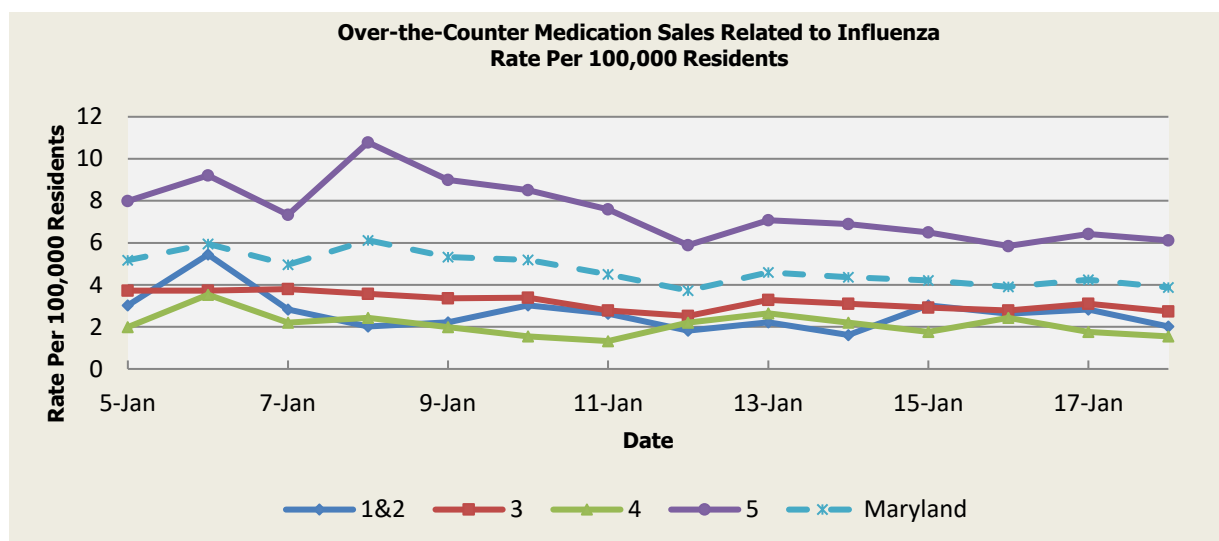
## Influenza-like Illness Contacts by Week



**Disclaimer on eMEDS flu related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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## Over-the-Counter Influenza-Related Medication Sales



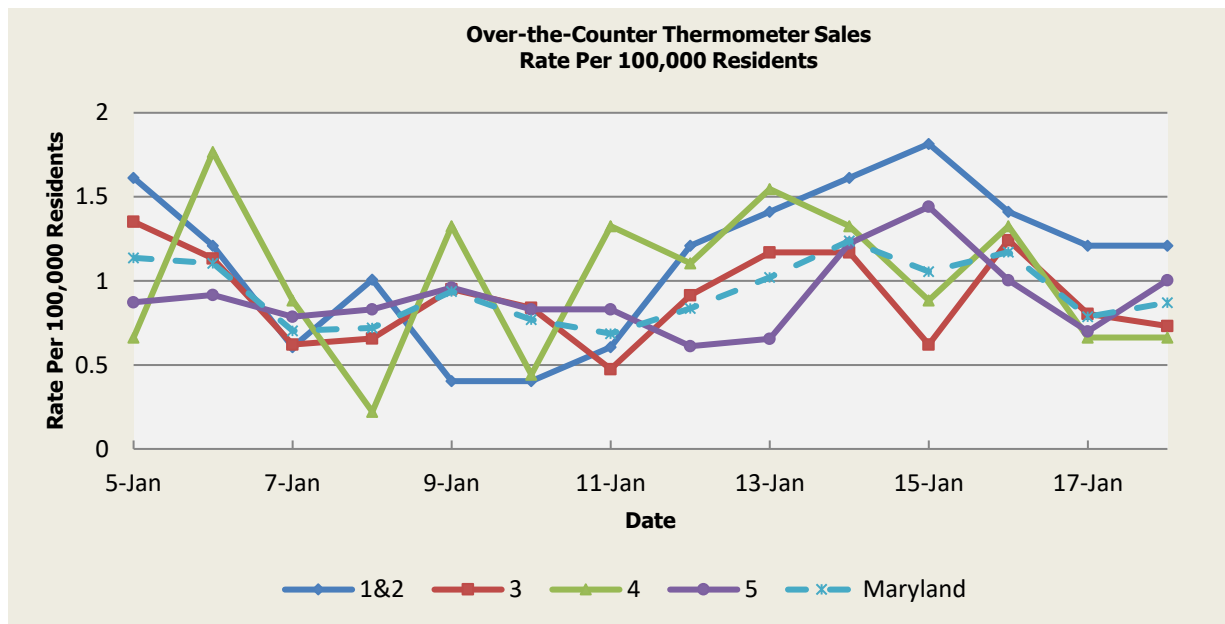
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.44	4.40	2.66	7.77	5.48
Median Rate*	2.82	3.51	2.21	7.03	4.74

\* Per 100,000 Residents

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## Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.88	2.74	2.19	3.63	3.05
Median Rate*	2.62	2.65	1.99	3.58	3.01

\* Per 100,000 Residents

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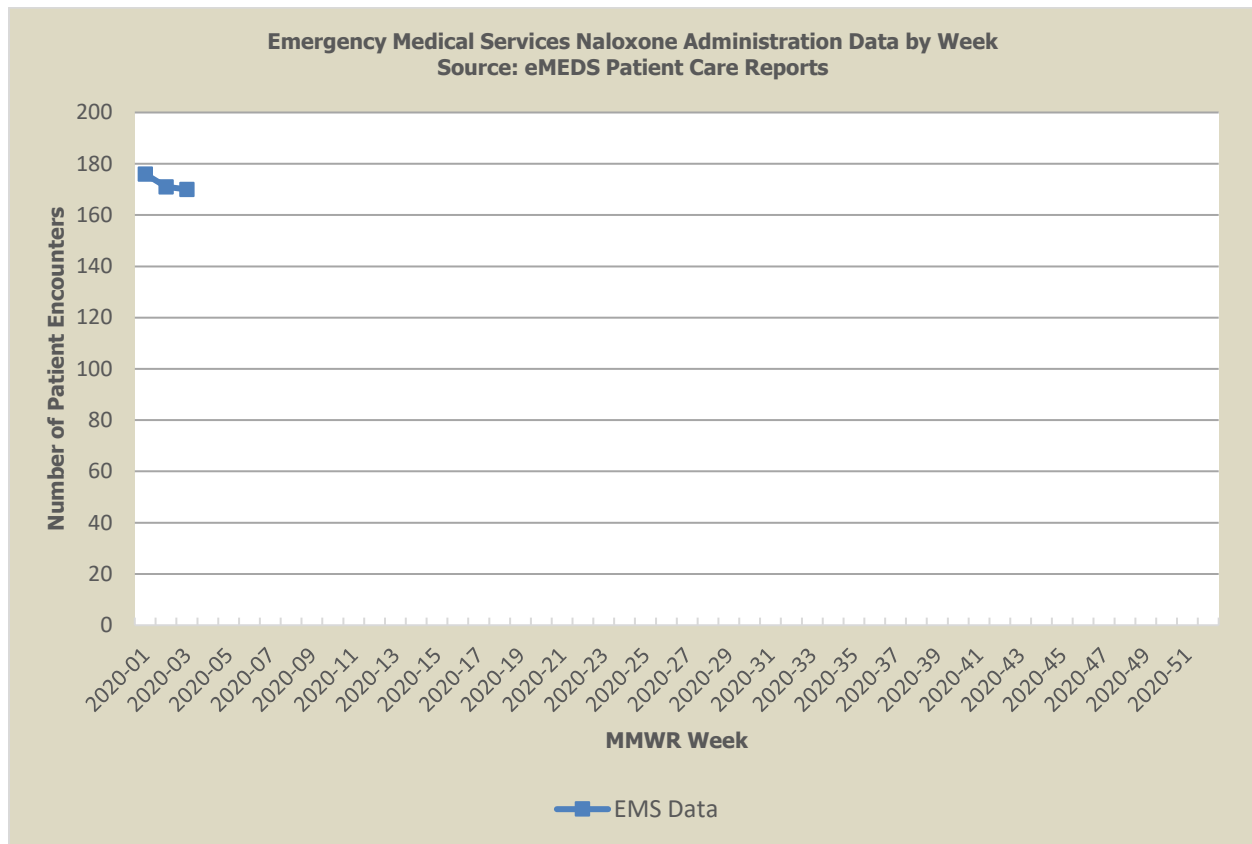
## **SYNDROMIC OVERDOSE SURVEILLANCE**

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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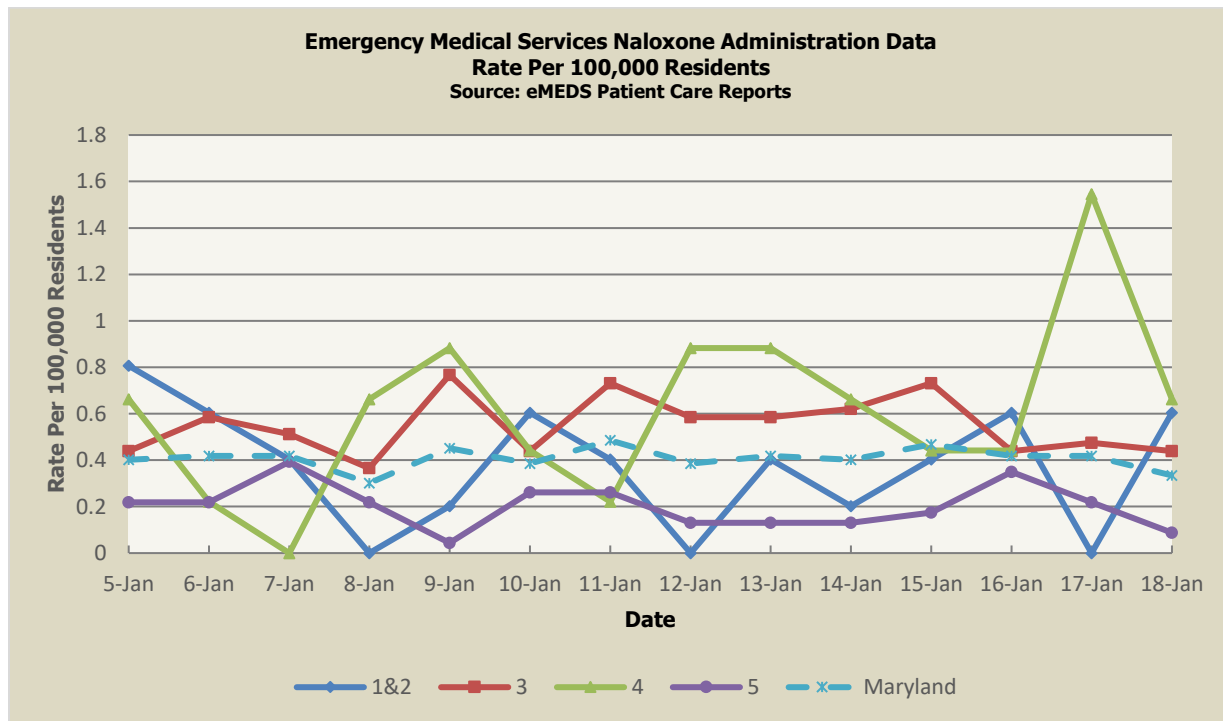
## Naloxone Administration Data by Week



**Disclaimer on eMEDS naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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## Naloxone Administration Data



**Disclaimer on eMEDS Naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO update:** The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

**Alert phase:** This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of January 23rd, 2020, the WHO-confirmed global total (2003-2020) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

### **AVIAN INFLUENZA**

**AVIAN INFLUENZA (GERMANY)**, 23 Jan 2020, Highly pathogenic influenza A viruses (infection with) (non-poultry including wild birds), Germany. Read More: <https://promedmail.org/promed-post/?id=6909182>

**AVIAN INFLUENZA (POLAND)**, 22 Jan 2020, Highly pathogenic influenza A viruses (infection with) (non-poultry including wild birds), Poland. Read More: <https://promedmail.org/promed-post/?id=6907496>

**AVIAN INFLUENZA (UKRAINE)**, 20 Jan 2020, Information received on [and dated] on 20 Jan 2020 from Dr Andrii Zhuk, First Deputy Head, Department for Food Safety and Veterinary Medicine, State Service of Ukraine on Food Safety and Consumer Protection, Kiev, Ukraine. Read More: <https://promedmail.org/promed-post/?id=6902541>

**AVIAN INFLUENZA (CZECH REPUBLIC )**, 20 Jan 2019, Information received on [and dated] 20 Jan 2020 from Dr. Zbynek Semerad, Director General, State Veterinary Administration, Veterinary Administration, Prague, Czech Republic. Read More: <https://promedmail.org/promed-post/?id=6900659>

**AVIAN INFLUENZA (CHINA)**, 17 Jan 2020, China's agriculture ministry said on [Thu 16 Jan 2020] it had found a new case of highly pathogenic H5N6 avian flu in a flock of about 150 wild swans in the western Xinjiang region. Read More: <https://promedmail.org/promed-post/?id=6895090>

## **HUMAN AVIAN INFLUENZA**

*There were no relevant human avian influenza reports this week*

## **NATIONAL DISEASE REPORTS**

**ACUTE FLACCID MYELITIS (MULTISTATE)**, 19 Jan 2020, CDC is facing criticism over its response to a polio-like illness. The Centers for Disease Control and Prevention has confirmed 10 additional cases of acute flaccid myelitis. Read More: <https://promedmail.org/promed-post/?id=6894407>

## **INTERNATIONAL DISEASE REPORTS**

**NOVEL CORONAVIRUS (CHINA)**, 23 Jan 2020, Wuhan's South China seafood market, wild animals traded. Research: snakes proposed as possible source of human infection, WHO recommendations to reduce health risk from live animal markets. Read More: <https://promedmail.org/promed-post/?id=6909913>

**NOVEL CORONAVIRUS (CHINA)**, 23 Jan 2020, Epidemic situation of new coronavirus infection on [24 Jan 2020]. Read More: <https://promedmail.org/promed-post/?id=6910685>

**LASSA FEVER (NIGERIA)**, Jan 23, 2020, In week 3, the number of new confirmed cases has increased from 64 cases in week 1, 2020, to 81. These [new cases] were reported from 6 states (Ondo, Edo, Delta, Taraba, Plateau, and Bauchi). Read More: <https://promedmail.org/promed-post/?id=6910668>

**HEPATITIS A (COSTA RICA)**, 23 Jan 2020, As many as 22 people suffered from hepatitis A infection in San Ramón de Alajuela, and consequently the Health authorities closed a pizzeria in the area. Read More: <https://promedmail.org/promed-post/?id=6909914>

**CRIMEAN-CONGO HEMORRHAGIC FEVER (UGANDA)**, 23 Jan 2020, One confirmed case of Crimean-Congo hemorrhagic fever, 4 others suspected, in Kagadi [western Uganda]. Read More: <https://promedmail.org/promed-post/?id=6907759>

**DIPHThERIA (CANADA)**, 22 Jan 2020, A doctor working with Indigenous Services Canada (ISC) in Saskatchewan is urging caution to residents in and around Onion Lake First Nation following 2 people contracting a rare, deadly bacterial infection. Read More: <https://promedmail.org/promed-post/?id=6905186>

**BRAZILIAN HEMORRHAGIC FEVER (BRAZIL)**, 21 Jan 2020, For the 1st time in 20 years, Brazil health authorities are reporting a confirmed case of Brazilian hemorrhagic fever. Read More: <https://promedmail.org/promed-post/?id=6903927>

**YELLOW FEVER (NIGERIA)**, 21 Jan 2020, Of the 141 suspected yellow fever cases in Jos North, Wase, Bassa, Kanam and Riyom Local Governments of Plateau State, 25 cases have been confirmed. Read More: <https://promedmail.org/promed-post/?id=6903167>

**JAPANESE ENCEPHALITIS (AUSTRALIA)**, Jan 21 2020, Queensland Health has reported an imported case of Japanese encephalitis virus (JEV) infection in an unvaccinated male who traveled from Bali to Australia in late 2019. Read More: <https://promedmail.org/promed-post/?id=6904174>

**LASSA FEVER (LIBERIA)**, 20 Jan 2020, The Surveillance Officer of Grand Bassa County Health team has confirmed to FrontPage Africa that there is a Lassa fever outbreak in District 4, Grand Bassa County leading to 3 deaths and 20 others confirmed infected with the virus. Read More: <https://promedmail.org/promed-post/?id=6901139>

**ANTHRAX (INDONESIA)**, 20 Jan 2020, The Indonesian Health Ministry had declared an anthrax outbreak status in Gunung Kidul District, Yogyakarta Province, made effective from [28 Dec 2019] to [6 Jan 2020], the ministry's top official stated on [Fri 17 Jan 2020]. Read More: <https://promedmail.org/promed-post/?id=6893687>

**UNDIAGNOSED ILLNESS (DEMOCRATIC REPUBLIC OF CONGO)**, 20 Jan 2020, An unknown disease has already killed 5 people at Kiri General Hospital, in the province of Mai-Ndombe, in the west of the Democratic Republic of the Congo (DRC), according to the authorities. Read More: <https://promedmail.org/promed-post/?id=6899006>

**POLIOMYELITIS UPDATE (PAKISTAN)**, 20 Jan 2020, The National Institute of Health (NIH) Islamabad has notified this year's [2020] 1st wild polio case in Tehsil Sarai Naurang of district Lakki Marwat. Read More: <https://promedmail.org/promed-post/?id=6898946>

**INFLUENZA (WHO GLOBAL UPDATE)**, 19 Jan 2020, Information in this report is categorized by influenza transmission zones, which are geographical groups of countries, areas or territories with similar influenza transmission patterns. Read More: <https://promedmail.org/promed-post/?id=6881669>

**TRICHINELLOSIS (ITALY)**, 19 Jan 2020, 90 persons presented to the Infectious Diseases Hospital Amedeo di Savoia, Torino, North-West Italy between 24 Dec 2019 and 10 Jan 2020 after consuming raw sausages from a wild boar hunted in the area of Susa Valley, 50 km [31.1 mi] away from Torino, in late November 2019. Read More: <https://promedmail.org/promed-post/?id=6897663>

**NIPAH VIRUS (BANGLADESH)**, 19 Jan 2020, Media sources in Bangladesh are reporting a Nipah virus infection in the city of Khulna. Read More: <https://promedmail.org/promed-post/?id=6897664>

**FOODBORNE ILLNESS (BRAZIL)**, 18 Jan 2020, Seventeen people are suspected to have been poisoned and one person has died in Brazil after drinking beer. Read More: <https://promedmail.org/promed-post/?id=6897359>

## **OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at [www.facebook.com/MarylandOPR](http://www.facebook.com/MarylandOPR).

More data and information on influenza can be found on the MDH website:  
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):  
<http://flusurvey.health.maryland.gov>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

### **Prepared By:**

Office of Preparedness and Response, Maryland Department of Health  
300 W. Preston Street, Suite 202, Baltimore, MD 21201  
Fax: 410-333-5000

Peter Fotang, MD, MPH  
Epidemiologist, Biosurveillance Program  
Office: 410-767-8438  
Email: [Peter.Fotang@maryland.gov](mailto:Peter.Fotang@maryland.gov)

Jennifer Stanley, MPH  
Epidemiologist, Biosurveillance Program  
Office: 410-767-2074  
Email: [Jennifer.Stanley@Maryland.gov](mailto:Jennifer.Stanley@Maryland.gov)

Jessica Acharya (Goodell), MPH  
Career Epidemiology Field Officer, CDC  
Office: 410-767-6745  
Email: [Jessica.Goodell@maryland.gov](mailto:Jessica.Goodell@maryland.gov)

## Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A



## Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

